Medicare Learning Network
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CMS
Information for Medicare Fee-for-Service Health Care Professionals

News Flash – As a result of the Affordable Care Act (ACA), claims with dates of service on or after January 1, 2010, received later than one calendar year beyond the date of service will be denied by Medicare. For full details, see the MLN Matters® article, MM6960, at *http://www.cms.gov/MLNMattersArticles/downloads/MM6960.pdf* on the Centers for Medicare & Medicaid Services website.

MLN Matters® Number: MM6809 Revised
Related Change Request (CR) #: 6809
Related CR Release Date: May 21, 2010
Effective Date: July 1, 2010 unless otherwise specified
Related CR Transmittal #: R1972CP
Implementation Date: July 6, 2010

Quarterly Healthcare Common Procedure Coding System (HCPCS) Code Changes – July 2010 Update

Note: This article was revised on May 27, 2010, to correct the long description for HCPCS Code Q2025 on page 2. The description was corrected to show 1mg. Also, reference to code WW141 was deleted. All other information is the same.

Provider Types Affected

This article is for physicians, providers, and suppliers submitting claims to Medicare contractors (carriers, DME Medicare Administrative Contractors (DME MACs), Fiscal Intermediaries (FIs), A/B Medicare Administrative Contractors (A/B MACs), and/or Regional Home Health Intermediaries (RHHIs)) for services provided to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 6809 which provides the Quarterly Healthcare Common Procedure Coding System (HCPCS) Code changes for the July 2010 Update. Be sure your billing staff know of these HCPCS code changes as noted below.

Background

The HCPCS code set is updated on a quarterly basis. Change Request (CR) 6809 describes the process for updating these specific HCPCS codes.

Effective for claims with dates of service on or after July 1, 2010, the following HCPCS code will be payable for Medicare:

HCPCS Code	Short Description	Long Description	MPFSDB Status Indicator
Q2025	Oral fludarabine phosphate	Fludarabine phosphate, oral, 1mg	E

Note that suppliers are currently instructed to bill oral anti-cancer drugs to the DME MACs using the appropriate National Drug Code (NDC).

In addition, the Centers for Medicare & Medicaid Services (CMS) recently concluded that Dermal injections for facial lipodystrophy syndrome (LDS) are only reasonable and necessary using dermal fillers approved by the Food and Drug Administration for this purpose, and then only in HIV infected beneficiaries when facial LDS caused by antiretroviral HIV treatment is a significant contributor to their depression. Consequently, effective for claims with dates of service on or after March 23, 2010, the following HCPCS codes will be payable for Medicare:

HCPCS Code	Short Description	Long Description	MPFSDB Status Indicator
Q2026	Radiesse injection	Injection, Radiesse, 0.1ml	E
Q2027	Sculptra Injection	Injection, Sculptra, 0.1ml	E

Additional Information

Medicare contractors will not search their files to reprocess claims already processed, but will adjust such claims that you bring to their attention. The official instruction, CR 6809, issued to your carrier, FI, A/B MAC, RHHI, and DME MAC regarding this change may be viewed at *http://www.cms.gov/Transmittals/downloads/R1972CP.pdf* on the CMS website. If you have any questions, please contact your carrier, FI, A/B MAC, RHHI, or DME MAC at their toll-free number, which may be found at *http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip* on the CMS website.